## PATENT APPLICATION FEE DETERMINATION RECORD

| Effective December 8, 2004  |  |   |                  |                                   |              |                  |         |                   | 106773091              |                |                     |                            |  |
|---|--|---|------------------|-----------------------------------|--------------|------------------|---------|-------------------|------------------------|----------------|---------------------|----------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                      |  |   |                  |                                   |              |                  |         | SMALL ENTITY TYPE |                        |                | OTHER               | OTHER THAN<br>SMALL ENTITY |  |
| TO  | OTAL CLAIMS                                    |   | 13               |                                   |              |                  | r       | RATE              | FEE                    | OR<br><b>7</b> | RATE                | FEE                        |  |
| FOR   |  |   | NUMBER FILED     |                                   | NUMBER EXTRA |                  |         | BASIC FE          |                        | 1              | BASIC FEE           | <del></del>                |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | ,                |                                   | *            |                  | ŀ       |                   |                        |                |                     |                            |  |
|   |  |   | <del></del>      |                                   | *            |                  |         | X\$ 25=           |                        | OR             | X\$50=              |                            |  |
| INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM P                                       |  |   | <u> </u>         | inus 3 =                          |              |                  |         | X100=             |                        | OR             | X200=               |                            |  |
| MIL   | JUIPLE DEPER                                   | NDENT CLAIM P                             | HESENI           |                                   |              |                  |         | +180=             |                        | OR             | +360=               |                            |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2            |  |   |                  |                                   |              |                  |         | TOTAL             |                        | OR             | TOTAL               | 77000                      |  |
| CLAIMS AS AMENDED - PART II   |  |   |                  |                                   |              |                  |         |                   |                        | _              | OTHER               | THAN                       |  |
| _   | (Column 1) (Column 2) (Column 3)               |   |                  |                                   |              |                  |         | SMALL             | ENTITY                 | OR             | SMALL               |                            |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGHI<br>NUME<br>PREVIC<br>PAID I | BER<br>JUSLY | PRESENT<br>EXTRA |         | RATE              | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE     |  |
|   | Total  | *   | Minus            | **                                | . •          | =                |         | X\$ 25=           |                        | OR             | X\$50=              |                            |  |
|   | Independent                                    | *   | Minus            | ***                               |              | =                |         | X100=             |                        | OR             | X200=               |                            |  |
| Ĺ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                                   |              |                  |         | +180=             | 1                      |                | +360=               |                            |  |
|   |  |   |                  |                                   |              |                  |         |                   | <u> </u>               | OR             | TOTAL               |                            |  |
|   |  |   |                  |                                   |              |                  |         | DDIT. FEE         |                        | OR ,           | ADDIT. FEE          |                            |  |
|   | (Column 1) (Column 1) (Column 1) (Column 1)    |   |                  |                                   | (Column 3)   | · -              |         | ADDI              | 1 1                    |                | ADDI                |                            |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                  | NUME<br>PREVIO<br>PAID F          | USLY         | PRESENT<br>EXTRA |         | RATE              | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE     |  |
|   | Total  | *   | Minus            | **                                |              | =                |         | X\$ 25=           |                        | OR             | X\$50=              |                            |  |
|   | Independent                                    | *   | Minus            | ***                               |              | =                |         | X100=             |                        | OR             | X200=               |                            |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                                   |              |                  |         | +180=             |                        | OR             | +360=               |                            |  |
| TOTAL   |  |   |                  |                                   |              |                  |         |                   |                        |                | TOTAL               |                            |  |
|   |  |   |                  |                                   |              |                  |         | DIT. FEE          | <u> </u>               | JON A          | ADDIT. FEE          |                            |  |
|   | <del></del>                                    | (Column 1)<br>CLAIMS                      |                  | (Colum<br>HIGHE                   | ST           | (Column 3)       | _       |                   | LADDI                  |                | <del></del>         | ADDI                       |  |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                  | NUMB<br>PREVIO<br>PAID F          | USLY         | PRESENT<br>EXTRA |         | RATE              | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE     |  |
|   | Total  | *   | Minus            | **                                |              | = .              | $\Box$  | ×\$ 25=           |                        | OR             | X\$50=              |                            |  |
|   | Independent                                    | *   | Minus            | ***                               |              | =                |         | X100=             |                        | ŀ              | X200=               |                            |  |
| ٩   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                                   |              |                  |         |                   |                        | OR             |                     | ·                          |  |
| t If the entry in column 1 is less than the entry in column 2 write "0" in column 2 |  |   |                  |                                   |              |                  |         |                   |                        | OR             | +360=               |                            |  |
|   |  |   |                  |                                   |              |                  |         |                   |                        | OR A           | TOTAL<br>ADDIT. FEE |                            |  |
| 7   | The "Highest Num                               | ber Previously Paid                       | d For" (Total or | Independer                        | nt) is the   | highest number   | r found | d in the ap       | propriate box          | cin colu       | ımn 1.              | ·                          |  |